Office of Disability Services
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ODS Process
The Office of Disability Services (ODS) collaborates with students with documented disabilities and faculty to provide reasonable accommodations, auxiliary aids, and support services that are individualized and based upon medical documentation, functional limitations, and a collaborative assessment of needs. In order to receive accommodations, students must complete the following process:

1. **Submit Intake Form** - Once a student has been admitted to the University, he/she should complete the Intake Form (available at [http://ods.gmu.edu/](http://ods.gmu.edu/) or the ODS office) and submit it to the Office of Disability Services along with their medical documentation. The student is encouraged to start preparing as early as possible as some accommodations may require significant planning in advance of the semester.

2. **Submit Documentation of Disability** - A student requesting reasonable accommodations must provide appropriate documentation. The documentation guidelines are available on the ODS website at [http://ods.gmu.edu/](http://ods.gmu.edu/). The guidelines will be helpful in working with the medical provider to ensure that evaluation reports are appropriate to document eligibility and support requests for reasonable accommodations. ODS staff is available to answer any questions regarding documentation guidelines. The University does not provide nor pay for services rendered to meet the above documentation requirements.

3. **Initial Intake Interview** – Once the Intake Form and Documentation of Disability is received and reviewed, an ODS staff member will contact the student to schedule an intake interview. At the intake interview, the ODS staff and the student will discuss the student's eligibility, individual needs and tentatively agree upon accommodations.

4. **Accommodations** - After the initial interview has been conducted, a Faculty Contact Sheet will be developed to identify the accommodations. Copies will be given to the student for distribution to faculty members.

5. **Student's Responsibilities** - It is the student's responsibility to distribute the accommodation sheets to the appropriate instructors as soon as possible. Failure to distribute accommodation sheets may cause delay in the provision of services. The student must also keep a copy of the accommodation sheet for his/her records.

6. **Continuing Needs** - A student must meet with an ODS staff member prior to the beginning of each semester to review accommodation needs for the upcoming course work. It is the student's responsibility to request this appointment and to do so early enough to allow for the processing of the accommodations.

7. **Grievance Procedure** - Students with disabilities who have any complaints, including, but not limited to, complaints regarding a request for accommodations are encouraged to use the student grievance procedure outlined on the ODS website at [http://ods.gmu.edu/students/grievance.php](http://ods.gmu.edu/students/grievance.php)
Documentation Guidelines

The Office for Disability Services (ODS) collaborates with students with documented disabilities to provide reasonable accommodations that are individualized and based upon disability documentation, functional limitations, and a collaborative assessment of needs.

To be eligible for services, a student must provide appropriate written documentation from a licensed professional in the field concerning the specific diagnosis. Documentation must validate the presence of a disability under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disability Act. The documentation should include an evaluation that clearly states what the impairment is, the current impact of the impairment on the student’s ability to participate in the university’s educational programs and services, functional limitations and the relationship between the functional limitations and the accommodation(s) requested. The submission of appropriate documentation is just one step in the process of registering for support services with ODS. Once ODS receives the documentation, it is evaluated on a case-by-case basis. The student will then be contacted to schedule an intake interview to further discuss eligibility and accommodation needs.

The general and disability specific guidelines that are attached were developed to assist students in working with the treating/diagnosing professional(s) to prepare the information needed to evaluate the request(s). If, after reading these guidelines, there are any questions, students can call the office at 703.993.2474. These guidelines are based upon the Association on Higher Education and Disabilities (AHEAD) description of quality disability documentation.

Please note: information provided by public and private special education programs (i.e. IEP, Social History, Special Education Eligibility) may be helpful but may not fully meet the ODS needs in terms of adequacy of documentation. It is important to consult with ODS about the need for, and appropriateness of documentation. If there are any questions about documentation guidelines, individuals can call the office at (703) 993-2474.
General Guidelines

All documentation submitted to ODS must include the following information in addition to disability specific information listed on following pages.

1. **Credentials of the evaluator(s):** Documentation should be provided by a licensed or otherwise properly credentialed professional who has undergone appropriate and comprehensive training, has relevant experience, and has no personal relationship with the individual being evaluated. A good match between the credentials of the individual making the diagnosis and the condition being reported is expected (e.g., an orthopedic limitation might be documented by a physician, but not a licensed psychologist).

2. **A diagnostic statement identifying the disability:** Quality documentation includes a clear diagnostic statement that describes how the condition was diagnosed, provides information on the functional impact, and details the typical progression or prognosis of the condition. While diagnostic codes from the Diagnostic Statistical Manual of the American Psychiatric Association (DSM) or the International Classification of Functioning, Disability and Health (ICF) of the World Health Organization are helpful in providing this information, a full clinical description will also convey the necessary information.

3. **A description of the diagnostic methodology used:** Quality documentation includes a description of the diagnostic criteria, evaluation methods, procedures, tests and dates of administration, as well as a clinical narrative, observation, and specific results. Where appropriate to the nature of the disability, having both summary data and specific test scores (with the norming population identified) within the report is recommended.

4. **A description of current functional limitations:** Information on how the disabling condition(s) currently impacts the individual provides useful information for both establishing a disability and identifying possible accommodations. A combination of the results of formal evaluation procedures, clinical narrative, and the individual’s self-report is the most comprehensive approach to fully documenting impact. The best quality documentation is thorough enough to demonstrate whether and how a major life activity is substantially limited by providing a clear sense of the severity, frequency and pervasiveness of the condition(s).

5. **A description of the expected progression or stability of the disability:** It is helpful when documentation provides information on expected changes in the functional impact of the disability over time and context. Information on the cyclical or episodic nature of the disability and known or suspected environmental triggers to episodes provides opportunities to anticipate and plan for varying functional impacts. If the condition is not stable, information on interventions for exacerbations and recommended timelines for re-evaluation are helpful.

6. **A description of current and past accommodations, services, and/or medications:** The most comprehensive documentation will include a description of both current and past medications, auxiliary aids, assistive devices, support services, and accommodations, including their effectiveness in ameliorating functional impacts of the disability. A discussion of any significant side effects from current medications or services that may impact physical, perceptual, behavioral or cognitive performance is helpful when included in the report. While accommodations provided in another setting are not binding on the current institution, they may provide insight in making current decisions.

7. **Recommendations for accommodations, adaptive devices, assistive services, compensatory strategies, and/or collateral support services:** Recommendations from professionals with a history of working with the individual provide valuable information for review and the planning process. It is most helpful when recommended accommodations and strategies are logically related to functional limitations; if connections are not obvious, a clear explanation of their relationship can be useful in decision-making.
Disability Specific Guidelines

If you are requesting accommodations based on multiple disabilities, documentation for each disability is required.

Attention Deficit/Hyperactivity Disorders

- Documentation must be in the form of a written report based on a psych-educational evaluation completed within the past 3 years and based on adult scores.
- The following criteria must be addressed:
  - Clear statement of the DSM-IV diagnosis, including pertinent history of ADHD symptoms demonstrated during childhood.
  - Description of current ADHD symptoms across multiple settings.
  - Psycho-educational evaluation must include standardized measures of cognitive development, academic achievement, information processing, and adaptive/emotional functioning. In addition to measures of attention (TOVA, IVA, TEA). Actual test scores must be provided.
  - Exclusion of differential diagnoses (i.e. LD or mental health disorders).
  - Treatment information including current medication.
  - Impact of condition in a college environment.
- Diagnosis must be made by a licensed psychologist or psychiatrist.

Learning Disabilities

- Documentation must be in the form of a written report based on a psycho-educational or neuropsychological evaluation completed within the past 3 years and based on adult scores.
- A specific learning disability must be clearly diagnosed utilizing the DSM-IV codes.
- Psycho-educational evaluation must include standardized measures of cognitive development, academic achievement, information processing, and adaptive/emotional functioning. Actual test scores must be provided.
- Diagnosis must be made by a licensed psychologist or psychiatrist.

Autism Spectrum Disorders

- Documentation must be in the form of a psycho-educational or neuropsychological evaluation completed within the past 3 years and based on adult scores.
- Evaluation must include standardized measures of cognitive development, academic achievement, information processing, and adaptive/emotional functioning. Actual test scores must be provided.
- Behavioral, social, and communication issues must be addressed.
- Diagnosis must be made by a licensed psychologist or psychiatrist.

Traumatic Brain Injuries

- Documentation must be in the form of a neuropsychological evaluation.
- If injury is less than 3 years old, evaluation must have been performed within the past year. For older injuries, evaluation must have been performed within the past 3 years.
- Diagnosis must be made by a licensed psychologist or neuropsychologist.
Psychological Impairments
- Documentation must be in the form of a psychological, psychiatric, neuropsychological report, or using the Psychiatric Verification Form found [http://ods.gmu.edu/forms/](http://ods.gmu.edu/forms/)
- Evaluation must have been completed within the past year.
- Documentation must include all the criteria written above in General Guidelines.
- There must be a specific diagnosis which is consistent with the diagnostic criteria found in the DSM-IV.
- Diagnosis must be made by a licensed psychologist, psychiatrist, or other practitioner qualified to make this diagnosis.

Medical Impairments & Physical Impairments
- Documentation must be in the form of a medical report, practitioner’s letter or using the Medical Determination Form. [http://ods.gmu.edu/forms/](http://ods.gmu.edu/forms/)
- Documentation must be current.
- Documentation must include all criteria written above in General Guidelines.
- Doctor’s prescription pad notes will not be accepted.
- Diagnosis must be made by a practitioner qualified to make this diagnosis.

Deaf/Hard of Hearing
- Documentation must be in the form of either a medical report or practitioner’s letter.
- An audiological report must be submitted.
- Documentation must include all criteria written above in General Guidelines.
- Diagnosis must be made by an audiologist or other practitioner qualified to make this diagnosis.

Visual Impairments & Blindness
- Documentation must be in the form of either a medical report or practitioner’s letter completed within the past year.
- Documentation must include all criteria written above in General Guidelines.
- Diagnosis must be made by an ophthalmologist, optometrist, or other practitioner qualified to make this diagnosis.

Speech Impairments
- Documentation must be in the form of either a medical report or practitioner’s letter completed within the past year.
- Documentation must include all criteria written above in General Guidelines.
- Diagnosis must be made by a speech pathologist or other practitioner qualified to make this diagnosis.